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DEINSTITUTIONALIZATION, HOMELESSNESS, AND THE MYTH OF PSYCHIATRIC ABANDONMENT: A STRUCTURAL ANTHROPOLOGY PERSPECTIVE

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Abstract—Encounters with disturbed homeless persons have become an expected part of American urban life. Mental health professionals and the general public believe that the closing of public mental hospitals—"deinstitutionalization"—has caused homelessness, and that problems suffered and caused by the mentally ill homeless have resulted from American psychiatrists' abandonment of the patients who once were housed in large public mental institutions. This article suggests that the abandonment thesis should be regarded as a "myth" or sacred cultural tale that incorporates important themes in late 20th century American political culture. Psychiatrists can examine this myth and understand its meaning using analytical techniques elaborated by structural anthropologists. Copyright © 1997 Elsevier Science Ltd

American psychiatry abandoned psychotics to the tender mercies of the legal system. Libertarian lawyers destroyed civil commitment in the name of civil rights. Homelessness was the result [1].

INTRODUCTION

Encounters with obviously disturbed homeless persons now are an expected part of American urban life [2]. Although the mentally ill homeless are less frequently the subjects of news items and editorials than they were in the 1980s, their plight is as wretched as ever [3]. Liberals view them as symbols of "mean-spirited times" and governmental indifference to the poor [4]; conservatives view them as evidence of social breakdown [5] and the misguided efforts of professional social reformers [6]. In the 1990s, psychiatrists and news media raise the issue of homelessness when state or local governments propose closures of public mental hospitals [7, 8]. Such events are perceived as continuing a policy of "abandoning" the mentally ill [9], a perception that comports with the commonly held view that deinstitutionalization is responsible for homelessness in the United States and elsewhere [10].

This article offers a critique of the "abandonment thesis" concerning homelessness, one version of which is articulated in the above-quoted remarks of Dr Tanay. In Americans' discussions about homelessness, the abandonment thesis is heard recurrently in the form of variations on this theme: the problems of the mentally ill homeless, and the problems that the mentally ill homeless cause society, could be remedied medically had it not been for deinstitutionalization, a process in which psychiatrists, abetted by the legal system, closed public mental institutions and abandoned the chronically mentally ill persons those institutions once served.

This article argues that the abandonment thesis is a myth. This statement is not merely an assertion that the thesis is "*untrue* in any rational matter-of-fact sense" [11] (p. 7; emphasis in original). Although the abandonment thesis *is* untrue in this sense, the term "myth" in this article is used in the manner of British functionalist anthropologists, for whom the word designates "a sacred tale about past events which is used to justify social action in the present" [11] (p. 7), an account of past events that governs our beliefs and directs our conduct [12]. The abandonment thesis is a widely accepted "sacred tale" that incorporates several mythic themes in American culture. It also helps Americans deal more comfortably with the implications of homelessness, lessens the challenge to cultural assumptions that mental illness represents, and justifies a view of individuals as inherently rational whose virtues are always threatened by government and society.

The second and third sections of this article offer examples of the abandonment thesis as it is elaborated in professional and popular representations of psychiatry, mental illness, and homelessness, and they explain why the abandonment thesis is a false account of the relationship between mental illness and homelessness. The fourth and fifth sections suggest that American media coverage and Americans' perceptions of events display recurring patterns that reinforce their society's ways of con-

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ceptualizing the distinction between nature and culture. Viewed in this light, the abandonment thesis becomes a subject for anthropological inquiry amenable to structuralists' techniques for understanding myths [13–15]. The following sections show that widely held views about American psychiatrists' failures *vis-à-vis* the homeless mentally ill are just a subset of the sacred tales that characterize and rationalize contradictions in late 20th century American political culture. The final section locates this article's method of analysis amidst previous authors' treatments of widely believed falsehoods about mentally ill persons.

THE ABANDONMENT THESIS: EXAMPLES OF MYTHIC ELABORATION

A diverse array of commentators have promulgated the abandonment thesis. A few examples illustrate how it is elaborated in academic journals and non-professional writings.

In *Hospital and Community Psychiatry*, the American psychiatric journal that has published the largest concentration of articles about homelessness, Lipton *et al.* wrote in 1983 that

> streets, the train and bus stations, and the shelters of the city have become the state hospitals of yesterday...an asylum without walls in which the homeless psychiatric patient is disgracefully abandoned to meander like a vagabond [16] (p. 821).

In a 1990 article in the same journal, Bachrach noted that newspaper human interest stories about homeless persons "leave little question that many of the persons they describe exhibit severe and overt psychopathologies" [17] (p. 963).

Writing in the prestigious *Scientific American* magazine, psychiatrist Bassuk summarized the 1980s' conventional wisdom about the American homeless: although high unemployment, loss of low-cost housing, and drastic cuts in government disability payments that supported many mentally ill individuals occurred at the same time as rising homelessness came to national attention, "far more important...has been the long-term change in the national policy for dealing with the mentally ill" initiated in 1963 [18] (p. 41).

In *Madness in the Streets: How Psychiatry and the Law Abandoned the Mentally Ill*, Isaac and Armat blame the closing of "asylums" on the "megalomania" of psychiatry's post-World War II intellectual leaders, who believed they "could end not only the scourge of mental illness but all social ills, from war to juvenile delinquency, through a new preventive community psychiatry" [19] (p. 67).

According to Johnson, post-war American psychiatry "discover[ed] the worried well and forgets about the chronics" [20] (p. 20) and reneged on its late 1940s promises to care for severely ill public sector patients in exchange for increased federal support for residency training.

Lamb, a co-author of an American Psychiatric Association (APA) report on homelessness [21], has urged psychiatrists to stop wringing their hands and do something to "save the homeless mentally ill," arguing that "physicians who care for the sick" have a paramount obligation to help remove mentally disabled homeless persons from the streets to hospitals for involuntary pharmacologic treatment [22].

Columnist/satirist O'Rourke [23] inveighs against a society that won't commit "somebody [who] screams obscenities at the corner lamppost and relieves himself on your front steps" (p. 119) and declares that government programs won't help the homeless "because one third...are crazy and will jump out of the windows and one third are screwed up on drink and drugs and will sell the plumbing" (p. 191).

In a series of jeremiads, psychiatrist Torrey has rebuked his colleagues for valuing psychotherapeutic treatment of the well-to-do over caring for the brain-based disorders of often destitute patients in public sector hospitals [24]. Torrey thinks that "collectively the entire psychiatric profession is responsible" for deinstitutionalization and its consequences, including increasing numbers of jailed and homeless mentally ill persons who "are graduates of our failed mental hospital system" [25].

In support of his view that the prevailing U.S. laws governing involuntary psychiatric hospitalization underprotect vulnerable citizens, Lavin states:

> A casual stroll through a New York subway, if one has the nerve to take it, suffices to make the point. Losing one's job, home, and landing in the streets as a result of mental illness counts as a serious deterioration...that is frequently preventable with treatment... [26] (p. 44).

The preceding examples show that the abandonment motif appears in American academic and political discourse sometimes as an observation, sometimes as a theory of causation, and sometimes as a justification for political views or moral exhortation. All these appearances, however, represent "mythic elaborations" of the abandonment thesis.

WHY THE ABANDONMENT THESIS IS FALSE

To appreciate why we should regard the abandonment thesis as a myth-as-sacred-tale, it is important to realize how it is a false account of the facts.

American psychiatrists and the public sector

While the majority of their practice involves "private" patients, American psychiatrists are far from absent from the public sector. The APA's 1988–1989 Professional Activities Survey showed that more than a third of those psychiatrists engaged in patient care devoted a substantial portion of their practice to public sector patients [27]; about one-fourth of practicing psychiatrists listed a

publicly funded institution as their primary work setting [28]. Public funds (i.e. Medicare or Medicaid) pay for one-eighth of patients who visit office-based private psychiatrists [29] and three-eighths of patients treated in private psychiatric hospitals (unpublished data from NIMH 1986 Client/Patient Sample Survey).

In addition, the vast majority of U.S. psychiatrists must perform years of modestly remunerated work in the public sector during specialty training. During those parts of their post-graduate (residency) curriculum devoted to inpatient care, physicians typically work 60–70 hours per week and are regularly required to work 24–30 hours at a time without leaving the hospital.

The question of "abandonment"

The legal definition of "abandonment" is "the unilateral severance of the professional relationship between [the physician] and the patient without reasonable notice at a time when there is still the necessity of continuing medical attention" [30, 31]. Properly speaking, abandonment can take place only when an individual physician has established a relationship that entails obligations to a specific patient or group of patients. As a means of respecting and protecting individual autonomy, American law and medical ethics generally recognize a doctor–patient relationship as existing only after individuals have entered into that relationship voluntarily [32]. To say American psychiatry has "abandoned" the public sector thus involves a misuse of the verb. It also ignores the often well-founded desire of many mentally ill persons to avoid being subjected to confinement and treatment in American's public sector psychiatric hospitals [33]—a point often ignored by critics of deinstitutionalization across the political spectrum.

Many American psychiatrists will not work in the public sector, and many public sector psychiatric positions go unfilled. However, many high-paying private practice positions also want for psychiatrists, as the advertisement sections in each issue of American psychiatrists' trade magazines (e.g. *Psychiatric Times* or *Psychiatric News*) show. Psychiatrists' career choices reflect their pursuit of self-interest in an environment where demand for their skills often exceeds supply and where the personal and financial rewards for private sector practice have typically exceeded those for public sector employment. Torrey's colleagues may be guilty of a collective moral failure if wanting to be paid well, to work in surroundings nicer than those typical of public hospitals, and to work with "interesting," verbal, appreciative, upper-middle class patients are moral failures. Terming this behavior "abandonment," however, is misleading and unhelpful, for it prevents recognition of (and taking action to respond to) market forces that have expectable effects on behavior.

The socioeconomic context

Attributing homelessness to the last 30 years' reduction in public sector hospital censuses ignores the "time lag between the major waves of deinstitutionalization in [the U.S.] (early and later 1960s) and the appearance in large numbers of the psychiatrically disabled on the streets (late 1970s)" [2] (p. 160). Over the last two centuries, homelessness in America has fluctuated in response to economic shifts [34]. During the 1970s and 1980s, Americans experienced their nation's transition to a post-industrial economy, high unemployment, declining inflation-adjusted wages, upward redistribution of income, cuts in federal welfare benefits (e.g. Social Security and funds for subsidized housing), and loss of low-cost housing [35]. These developments left individuals with limited work skills and social attachments—a category that includes persons with serious mental illness, but many others as well—vulnerable to becoming homeless.

Some homeless people use state hospitals as a reliable emergency resource, where the true "treatment" they receive is non-psychiatric—food, shelter, and companionship [36]. Some of the "symptoms" exhibited by homeless persons that are deemed dysfunctional or psychotic—pushing shopping carts, looking disheveled, wearing multiple layers of clothing, delusional ranting and raving—may be understandable responses to lack of storage, bathing, and laundry facilities, or may be adaptive "behavior designed to keep potentially threatening outsiders at bay" [37] (p. 9). Although several studies suggest that a quarter to a third of homeless persons have histories of mental illness [38], these studies provide "no way of knowing to what extent the observed picture of disorder was antecedent, rather than consequent, to displacement" [2] (p. 159). To use them to invoke psychiatric causation for homelessness explains "a social niche by invoking the distinctive traits of some of its occupants" [2] (pp. 159–160). In fact, mentally ill homeless persons are homeless for reasons similar to those for which non-mentally ill homeless persons are homeless [39–41].

Psychiatrists' limited expertise

Psychiatrists recognize that homelessness among mentally ill persons is an economic and social condition that reflects "the grave problems facing them generally" [42]. Still, they are reluctant to concede what this implies: homelessness is not a condition that can be medically "treated." From Lamb's biomedical perspective, mental illnesses are viewed as fundamental causes or risks factors for homelessness [3, 22]. There is clear evidence, however, that supports the converse—that poverty increases the risk of becoming mentally ill [43]. In the U.S., which has no universal program of payment for medical ser-

vices, poverty also restricts availability of psychiatric treatment.

Psychiatrists' professional expertise generally is limited to knowledge about psychotropic medications and psychotherapies that help individuals with mental disorders. Most American psychiatrists—the vast majority of whose training involves the delivery of specific, targeted medical therapies that affect individuals' thinking and behavior—have no more ability to address homelessness than internists or pediatricians do. Psychiatrists and other professionals stand to benefit when homelessness is equated with individual pathology, because they then can offer data-gathering and clinical services that would address the problem, influence governmental policy, and lay claim to governmental funds for support [44]. However, the rise in American homelessness coincided with and resulted from economic, social, and political developments in the 1970s and 1980s, not deinstitutionalization and diminished use of public sector inpatient psychiatric care [2, 35, 45]. The developed world's transition from an industrial to an information economy, staggering changes in the nature of work, and resultant socioeconomic dislocations of the past three decades [46] are neither the fault of psychiatrists nor amenable to psychiatric interventions. Psychiatrists can make only modest contributions to solving most of the problems suffered by mentally ill or non-mentally ill homeless people [33, 41].

Hopefully, this brief discussion suffices to show that the abandonment thesis both fails empirically and involves what philosophers [47] call a "category mistake," i.e. a misunderstanding about the logical use of the term "abandonment." But this only raises more questions. If the abandonment-thesis-as-factual-account is so obviously inadequate, how are we to understand its persistence and its ready acceptance by so many professional and non-professional observers? Why, given psychiatrists' inability to set governmental policy and their lack of expertise in finding people homes, would it seem so plausible that homelessness should be addressed by psychiatrists? What does the abandonment thesis really mean? What is its function and message? To answer these questions, we must consider how most citizens learn and think about matters of mental health policy.

PATTERNS OF EXPERIENCE AND MEMORY

Most citizens learn and form their opinions about issues related to mental disorders and mental health policy through chance, unsystematic personal observations and what they observe, hear, or read in the media; their conclusions and memories represent selections of all the things they encounter, and reflect a variety of systematic, well-studied biases [48]. Similarly, what news media present as "news" represents a selection, out of the countless events that occur each day, of events that draw and hold our attention (a critical requirement for advertisement-funded commercial broadcasting in the U.S.). American news media consistently reinforce a historic connection between mental illness and violence [49, 50], rather than reporting on the thousands of people who receive outpatient therapy, who get treatment in hospitals, or whose symptoms respond to psychiatric therapy. We remember our encounters with unwashed, oddly behaved beggars who frighten us, and we remember news stories about "mental patients" who freeze to death or harm others.

Many forms of news reportage about mentally ill persons fall into well-recognized patterns that give misleading depictions of complex social events. American insanity acquittees often spend more time confined to hospitals than they would had they been convicted and sent to prison [49], but when an occasional mentally ill person accused of a well-publicized crime "gets off" on insanity grounds, psychiatric testimony often is deemed a threat to public safety [51]. The care and decision-making by public mental hospitals is criticized each time a person is refused admission and subsequently commits a violent offense [20]. By contrast, the public knows and hears little about commitment hearings, where thousands of "dangerous" persons are involuntarily hospitalized on the basis of psychiatrists' minimally contested testimony [51, 52].

Of course, selective remembering and disproportionate reporting emphasis are not confined to mental disability issues, but occur whenever events symbolize broadly held concerns. For example, in 1992, U.S. news media intensely reported on the financially insignificant "House banking scandal," in which representatives wrote large numbers of bank overdrafts that they ultimately repaid. Although Congress annually increases the U.S. national debt by huge sums, the news that congressmen "bounce checks" without penalty conveyed a message about fiscal irresponsibility much more pointedly than sober reporting about huge deficits could. Sports events are not unusual, important, or exceptional, but they command lots of intense and costly media attention. Deaths in car accidents are commonplace and rarely get national coverage, but deaths in airplane crashes are unusual and often get international coverage. In the U.S., murders are common events in most large cities and they generally do not claim national coverage. Certain murders do, however. Murders by postal workers—acts committed by federal employees that symbolize frustration with government institutions—*consistently* get lots of media attention, and Americans now use the colloquialism "going postal" to describe fits of crazed rage [53].

Patterns or themes in news reports and in what interests the public are sometimes easy to discern. "Reporting" on the lives and indiscretions of the

rich and famous is the traditional purview of supermarket tabloids. But in recent years, serious U.S. news media have intensely covered the Clarence Thomas–Anita Hill hearings, the date-rape trials of William Kennedy Smith and Mike Tyson, sexual harassment by Senator Packwood, and the notorious Bobbitt case (in which a woman was acquitted on insanity grounds after she severed the penis of her abusive husband). Although these stories dealt with important misbehavior, the misbehavior has consequences far less serious than murder, abject poverty, or fatal auto accidents. But these stories—like the extraordinary coverage of O. J. Simpson's arrest and trial proceedings—addressed Americans' concerns about appropriate public or private sexual behavior, about men's assertiveness and aggressiveness, about women's roles and responsibilities, about power-sharing between the sexes, and about race relations—that is, they address matters about which late 20th century Americans have intensely conflicting and contradictory feelings [54].

Perhaps the most striking recent example involved the U.S. public's and news media's fascination with the 1994 attack on Nancy Kerrigan and the slowly unfolding story of Tonya Harding's complicity. Americans are devotees of male contact sports, but their extraordinary interest in the two women skaters is made understandable when one recognizes that the women were cast as opposites: Kerrigan was often pictured wearing white, and was portrayed as lithe, refined, middle class, pure (unmarried) and innocent, and adored by fans; Harding was pictured in garish makeup and was portrayed as a coarse, tough, athletic divorcée of working class background who was less favored by audiences. The Harding–Kerrigan saga bore striking resemblances to the Biblical story of Cain and Abel, in which a favored sibling is killed by a jealous rival. Like the sequence of stories in Genesis concerning fraternal rivalries [55] (p. 460), the story of Tonya and Nancy united issues of universal public interest (social dominance, control of violence, and moral culpability) and universal private interest (sibling rivalries that generate intense feelings of envy).

CONSTELLATIONS OF CONTRADICTIONS

Mental health researchers and scholars typically respond to public and media distortions with factual refutations. These efforts implicitly assume that media misrepresentations and public misunderstandings of facts reflect simple mistakes or carelessness in data-gathering [49]. An anthropological perspective, however, would suggest that persistent, systematic, widely held erroneous beliefs about mentally ill persons may reflect cultural concerns in which those persons function as symbols.

As was noted earlier, the abandonment thesis and other common beliefs about the interactions between social institutions and mentally disordered persons contradict readily available information about the true state of affairs. Contradictions interest structural anthropologists because contradictions provide keys to a special understanding of myths [11] or social practices [56]. Structural anthropologists view myths as constellations of ideas that are in potential psychological tension with each other. These constellations represent elaborations of human society's two fundamental oppositions, nature versus culture and individual versus collective [57]. The social apparatus through which we perceive our world frames our cognitions into two sets, one composed of natural or unrefined objects, the other composed of socialized or refined objects [58]. We then view objects and events through this framework, and we attribute further qualities to objects using the nature–culture and individual–collective distinctions. A society's most important classifications—kinship, political, religious, economic—can be understood as quasi-mathematical transformations of the underlying nature–culture distinction [59].

It may seem odd to suggest that the relationship between mental illness and homelessness—ordinarily treated by scholars and political scientists as a complex public policy issue—could be examined with conceptual tools typically applied to the beliefs and practices of "primitive" cultures [59]. But an example of the ready applicability of structuralist notions to complicated societies lies in Americans' terminology and behavior concerning "the raw and the cooked." Many societies regard foods as being either "natural," that is, not cooked or treated somehow, or as being prepared, that is, cooked or altered in some fashion prior to consumption [60, 61]. Americans think of cultivated or domesticated edibles as particular items (e.g. lettuce and beef) that comprise biological groups (vegetables and meats); when prepared together, edibles become particular components (salads and main courses) of larger socially defined events (meals).

Social institutions afford their members sets of analogies that help them interpret the worlds and justify institutional rules themselves; they control the memories of their constituents, causing them to forget experiences that do not conform to their righteous images and helping them recall experiences that reinforce the institution's view of the world [62]. Merelman [58] has described how *mythologized individualism*, a dominant theme in American political culture, is emphasized and repeatedly affirmed in media narratives such as TV shows and magazine advertisements. Classical American liberalism sees the individual and the state in perpetual struggle:

> Lockean theory, which lies at the heart of American liberalism, construes the individual as naturally free, untrammelled and good, and confronts this individual with a government or a society that is centralized, constraining,

potentially repressive and sometimes evil. The deep structure of liberalism classifies the individual and nature as good and classifies the state and society as a necessary evil... [58] (p. 486)

[American] civil religion mythologizes individualism by providing both an argument for and examples of individuals overcoming illegitimate group pressures...[S]alvation can only be demonstrated and triumph accomplished by individual Americans freely choosing to act rightly...To be good is to choose freely the right, and, in so doing, to act in conformity with a benign nature...The hero is the individualist who, through an act of will, makes the passage from corrupt society to personal responsibility, to natural justice and freedom. Most important, the civil religion argues that unless enough Americans make such conscientious choices, the nation as a *whole* will not triumph...the civil religion's paradoxical combination of predestination and free will follows Calvinism in making the fate of society contingent upon the choices of individuals (p. 488; emphasis in the original).

Merelman has documented the centrality of mythologized individualism in diverse American settings, including popular television shows and advertising over the last few decades. However, readers may convince themselves of how the theme "corrupt institution–virtuous individual" dominates contemporary American culture by noting how frequently political candidates campaign as outsiders ready to "clean up" Washington, "shrink the size of the Federal government," and cut taxes so that individuals will have more money available to spend wisely and the government less to spend foolishly. Readers can also simply recall the last several U.S. motion pictures they have viewed. In a perennially successful formula, Hollywood features stars such as Clint Eastwood, Jack Nicholson, Tom Hanks, Robert DeNiro, and Arnold Schwartzeneggar as unconventional male outsiders who confront and usually triumph over bureaucracies, corporations, governments, or other symbols of conventional authority that are portrayed as bumbling, witless, or evil.

Americans' food-related behavior affords another demonstration of their perception of individuals as naturally good and complex institutions as corrupt. Although they live in and derive enormous health benefits from a complex civilization, Americans' distrust of large institutions makes them profoundly susceptible to food scares, even while they "indulge themselves in known killers such as smoking, suntans and obesity" [63]. Sensing this, advertisers have designated foods as "natural" to take advantage of Americans' ambivalence, and legislatures have authorized state organic farm programs and national organic farm standards [64]. "Natural" and "organic" foods, though manufactured and sold in huge supermarkets, are unsullied by civilization's contaminants (e.g. pesticides, preservatives, refined sugar, and bovine somatotropin). By labeling a food "natural," producers designate it as a vehicle through which American consumers can satisfy biological needs while transforming their moral character and protecting their inherent purity from manufacturing's potentially nefarious influences [58] (p. 489). By selecting foods labelled "natural," Americans resolve the conflict between their view of corporations as evil and their desire to shop at large supermarket chains. Health-conscious Americans also are developing special interests in "phytochemical"–containing natural foods that have naturally occurring medicinal properties [65]. The purchase and consumption of these foods vindicates Americans' moral virtue: though they continue to participate in a highly sophisticated economic process, they express their distaste for complex societies' corrupting influences.

CRAZY BEHAVIOR AND CULTURAL AMBIGUITY

This background helps us appreciate that mentally ill persons, and especially the mentally ill homeless, are ambiguous, perplexing figures in the context of present day American political culture. American legal institutions ascribe to persons a high level of autonomy, personal responsibility, and rationality [66]. These qualities mirror the attributes—independence and the capacity for conscientious choice—through which mythologized individuals express their natural goodness amidst corrupting social influences. Over the last quarter century, changes in U.S. civil commitment laws and state funding for public hospitals have limited state powers to detain and confine American's mentally ill citizens [20, 31]. Mentally ill homeless persons now are free to reject society's norms, to make unwise decisions about their lifestyles, and to display overt signs of severe mental illness without being subject to involuntary hospitalization. While such behavior often seems (as will be explained below) to be very natural, it also reflects unconventional and therefore troubling choices. Mentally ill homeless persons thus represent a set of culturally contextual contradictions, because their behavior violates the set of structural oppositions that Americans use to organize their social perceptions.

Bachrach believes that mental health professionals should take notice of popular press articles that "provide insights that complement and give substance to the scientific literature" [17] (p. 963) about the homeless mentally ill. As examples, she cites articles about undomiciled mentally ill persons who cannot be helped by low-cost housing because they "throw rolls of toilet paper down the toilet or, forgetting to take their tranquilizers, tear off refrigerator doors" [67]; who sleep "on chairs with coats pulled over their heads, or surrounded by piles of plastic bags that contain their few ragged belongings" at O'Hare Airport in Chicago [68]; who have "overtaken" subways and railroad stations and sleep in city parks [69–71]; who "threaten" libraries [72]; who are likened to vermin whose food supply—beach area garbage—must be sprayed with

kerosene to discourage them from foraging [73]; and who are transient and restless.

Bachrach's compilation is significant because it reflects the perspective of an academic sociologist who has studied problems related to homelessness for two decades. She thinks that newspaper accounts offer useful "emphasis and documentation" of problems discussed more soberly in professional publications. But these press reports also maintain a distinct *kind* of emphasis in their choice of subjects. All the stories report on instances in which homeless mentally ill persons appropriate or transform public (or, in Lévi-Strauss's [57] terminology, collective) facilities for private (individual) use; all depict homeless mentally ill individuals obscuring or violating private–public/nature–culture boundaries.

To illustrate these issues, Table 1 lists some examples of how American culture divides what is natural from what is civilized. The top portion of the chart mentions some of the ways that animals (nature) are distinguished from humans (culture). Animals have no permanent homes, live outdoors, roam about, do not wash, and smell; humans dwell in fixed residences, bathe, and use deodorant. Some animals are allowed in homes (cats and dogs) or are tolerated near (but not in) homes (birds, unless caged) in ways that emphasize the distinctions displayed in Table 1. We poison some rodents (mice) that roam loose in our homes; we nurture others (hamsters) who live in cages.

Anthropologists have described how "primitive" cultures use animals as "totems" to objectify and emphasize important features of their societies [57, 58]. In Western cultures that emphasize use of reason and self-control, pets are totems, and are contemplated through analogies to their owners. The pets of American presidents "answer" their mail at taxpayer expense, make public appearances, "issue" press releases, are quoted as articulating the values that their families want them to represent [74], and even "dictate" best-selling books [75]. Popular literature self-consciously anthropomorphizes animals with rich descriptions of their emotional lives [76, 77]. Americans spend over $17,000,000,000 annually on special food, toys, veterinary care, and funerals for their cats and dogs [74].

Americans treat pets as quasi-family members because they have features that humanize them: they can be trained to eliminate in designated areas, eat out of dishes, or occupy structures (cages or dog houses). But journalists' writings about pets frequently contain puns (e.g. cats are the "purr-fect" pet) that remind readers that the subject matter is not a serious human one [74]. Dogs are given mononymous "stage names" ("Rover," "Fido") that emphasize their non-human status and that reinforce the nature–culture distinction [58].

Though Americans pamper and anthropomorphize their pets in ways that blur the boundary between human and animal [74], they are simultaneously endowing their pets with the power to reinforce human social categories and a complex society's expectations for self-control. Homeless mentally ill persons threaten those same categories and expectations. Though homeless persons are humans, they behave in ways that urbanites analogize to animals: they live outdoors, are dirty and smell bad, are ill-clothed, and they defecate and urinate outside. They "reside" (a private activity) in public places; they are often depicted in transportation stations or doorways, liminal spaces that connote transience and lack of privacy. A person who "lives" at an airport or subway station is seen as a "transient" even though he dwells in a place where everyone else is on the move. Moreover, if he acts oddly in a public setting, he violates an individual–collective boundary by calling attention to himself in a public place where behaving in a way that pre-

Table 1. Some examples of "nature–culture" distinctions

Nature (animal world)	Mediation/violation	Culture (human world)
Animals	Pets	Humans
Wild ("feral")	Domesticated	Socialized
Roaming, migrating	Housed	Permanent, fixed homes
Do not build dwellings	Nests	Build dwellings
Unwashed, smell	Groomed, odorless	Bathe, use deodorant
Anonymous exemplars of species	"Fido", "Rover"	Named members of families
Unremunerated activities	Vacation, recreation	Remunerated activities (work)
Unclothed	Beachwear	Clothed
Country/rural, outdoor elimination	Camping	City/urban, indoor elimination
No human routes	Trails	Streets
Roaming, migrating	Traveling to motels and camps	Permanent dwellings
Homes without addresses	Homeless	Homes with addresses
Live outside	Live in doorways, under bridges	Live inside
Sleep exposed to the elements	Sleep on grates	Sleep in a controlled climate
Do not work for money	Begging	Work for money
Non-rational	Ill, irrational, crazy	Rational
Do not speak	Gibberish	Use language
Cannot be legally responsible	Incompetent, nonresponsible	Competent, responsible

serves anonymity is the expected means of preserving privacy.

American urban society tolerates actions that would ordinarily constitute category violations when individuals follow prescribed methods for those actions and perform them in prescribed situations. At the beach, Americans tolerate a level of public near-nudity among strangers that ordinarily is acceptable only among intimates inside homes; at the same time, they lay out beach towels to create zones within which non-intimates may not physically intrude. Americans may sleep and perform ablutions outside, but they do this in the countryside in specially designated, uninhabited areas during "leisure time"; city dwellers call this going camping, and they purchase special gear and attire to perform this transition.

Homeless persons have good reasons to camp in public spaces. Railroad stations and air terminals offer homeless persons clean toilets and cafeterias where uneaten food can be scavenged. At airports, ordinary citizens sleep in public and carry and rearrange their belongings: "some accepted canons of social behavior (especially those having to do with the segregation of private and public spheres of life) are conditionally suspended" [78] (pp. 162–163). Transitional spaces such as airports tolerate "a casual and improvised attitude toward the presentation of self (not unlike that seen in recreational camping areas)" [78] (p. 172). However, if it becomes obvious that someone is dwelling in a public area, this violates the cultural division between public and private. The intrusion of homeless persons' private lives into public spaces then creates "an alien, embarrassing, disturbing presence" [78] (p. 166).

Mythologized individualism's "virtuous individual–corrupting society" creed is threatened by the visible poverty and unconventional behavior of homeless mentally ill persons. They are vivid evidence that citizens, rather than becoming morally virtuous, in fact suffer without social support and the benefits of "the fundamental needs-meeting mechanisms of American society" [78] (p. 169). Structuralists might predict that a culture would resolve this contradiction by reconceptualizating or recategorizing homeless persons, and in fact this occurs. When they are deemed "dirt" or "litter" [35, 78], homeless persons are placed in the same category as other items that offend when they are out of place, and that are supposed to be picked up and removed. Similarly, the linking of homelessness to mental illness—the medicalization of a socioeconomic problem—has provided a socially and legally acceptable rationale for removing mentally ill persons from public view [35].

CATEGORY VIOLATIONS: PSYCHIATRY'S SPECIALTY

The bottom of Table 1 lists some ways that the behavior of homeless persons blurs category distinctions—for example, sleeping in doorways and ventilation grates, which are transition zones between outside and inside. Such activities stand astride the nature–culture boundary. In American society, which highly values rational and responsible behavior, totemized (i.e. socialized and humanized) animals reinforce nature–culture distinctions, and parallel (natural and animalistic) behaviors by humans are threats those distinctions.

Human category violations are a main focus of the perennial collaboration between psychiatry and the legal system. As Brody has pointed out:

> in all societies psychiatry is charged with identifying and classifying people whose behavior leads others to suspect their mental competence and capacity for autonomous action and...[with] recommending their...commitment to special institutions [79] (p. 59).

Table 2 reproduces portions of Table 1, along with some illustrations of distinctions that psychiatry provides the legal system when the law must respond to individuals who are not practical reasoners and therefore lack legal personhood [66].

Long before physicians had much useful knowledge about the treatment of mental illness, Western society used medical services and accepted physicians' claims of expertise in offering "moral treatment" to deal with individuals whose behavior violated categories and threatened private property or personal safety [80]. The mental hospital developed in Europe in the 16th and 17th centuries to cope with increasing numbers of urban beggars who

Table 2. Psychiatry's role in mediating exceptions to legal personhood

Nature (animal world)	Ambiguity (psychiatry distinguishes and resolves)	Culture (human world)
Non-persons	Mentally ill humans	Legal persons
Animal, not human		Human
legal sanctions not applied	Madman = "wild beast"	legal sanctions applied
Non-rational	Crazy	Rational
Cannot be responsible	Insane	Responsible
Incompetent, make no relevant choices or decisions	Choices or decisions are irrationally based and are irrelevant	Competent, choices and decisions must be respected
Innocent	Mentally ill	Guilty
May be confined		May be incarcerated
though guiltless		only if guilty
not punishable	Eligible for civil commitment	punishable
Child, rehabilitable	Waiver to adult court	Adult, punishable

offended the bourgeoisie [81, 82]. In the "Age of Reason," madness—the loss of reason—was perceived as dispossessing the mentally ill of their humanity and as a frightening display of animality. The "insane" were viewed as separate from the rest of humanity, and the appropriate social response was to segregate them in institutions for the socially deviant [82]. When late 18th century political developments limited the state's power to deprive liberty arbitrarily, perceptions of behavior became medicalized, deviance became regarded as evidence of sickness [83], involuntary confinement in an asylum was redefined as treatment, and obnoxious, immoral, or threatening acts were viewed as symptoms of disease [84].

Johnson observes that deinstitutionalization has fueled a long-standing "debate about where we should best put our defiantly deviant," but has not altered the consensus that "mentally ill offenders need to be locked up" [20] (p. 178). Well before widespread homelessness developed, Abramson predicted that forcing hospitals to discharge patients would increase pressure to use the criminal justice system to confine them elsewhere [85], echoing Penrose's "hydraulic theory" of an inverse relationship between the populations of asylums and populations of prisons [86]. Psychiatrists who decry deinstitutionalization have argued that Abramson's prediction was correct [87], although recent investigations have tended to refute this [88].

Modern psychiatry's medical conceptualization of mental illness is drastically different from the 18th century's moral view of insanity. Yet overt "madness in the streets" still generates a socially normative urge to confine persons whose behavior is unacceptable. Psychiatrists legitimize their social control functions when they express outrage over the confinement of large numbers of mentally ill persons in America's jails but maintain, at the same time, that it should be easier for them to hospitalize mentally ill persons involuntarily. As Johnson notes, although "social control is social control...-what really matters to the mental health field is that we be the ones to carry the keys" [20] (p. 178).

Arrest and incarceration remove an offender from view, but do not resolve the violation of social categories posed by irrational homeless persons. Moreover, ascribing criminal guilt *intensifies* the contradiction by ascribing potential blameworthiness to someone who lacks reason. Hospitalizing and isolating disordered persons, however, resolves the categorical conundrum posed by irrational citizens. In a society that expects individuals to controls themselves in exchange for allowing them liberty, psychiatrists perform a legally and symbolically important function when they declare individuals exceptional and therefore ineligible for rights normally accorded to adults.

In Anglo-American law, involuntary confinement of non-criminals has been justified psychiatrically for more than two centuries, and so has the exoneration of disturbed persons whose actions would otherwise violate the law [31]. Whether the legal system incarcerates non-criminals or uses insanity pleas to excuse individuals from criminal responsibility, psychiatrists who give the evidence that the mentally ill are "different" affirm cultural and moral categories. Forensic psychiatrists were once termed "alienists," a term that connotes dealing with what is foreign, strange, or (literally) "other" [89] (p. 55).

One of the earliest definitions of insanity—and the definition that still governs public opinion and many American legislators and judges [90, 91]—literally invoked the nature–culture/animal–human distinctions displayed in the tables:

> a man that is totally deprived of his understanding and memory, and doth not know what he is doing, no more than an infant, than a brute, or a *wild beast*, such a one is never the object of punishment [92] (p. 765, emphasis added).

Americans permit wild beasts to roam free in uninhabited areas; in cities, they confine wild beasts in zoos, and confine humans who act like wild beasts in hospitals. The "wild beast" insanity test addresses the largely unconscious feelings of apprehension, awe and anger toward the "sick," particularly if associated with "criminality," that are hidden by the more acceptable conscious desire to protect the "sick from criminal liability" [93] (pp. 868–869). While more nuanced insanity tests (involving, for example, inability to appreciate wrongfulness or refrain from wrong-doing) emphasize ambiguity about whether a defendant deserves punishment (a non-natural, culturally grounded sanction applied only to persons), the wild beast test allows us to comfortably treat a defendant as a non-criminal because he is a non-human, and authorizes a socially acceptable solution (being "caged" in a "lunatic asylum").

Recently, American neoconservatives have endorsed easier involuntary commitment—which ostensibly defers to psychiatric expertise—while calling for a limitation on psychiatric expertise concerning criminal insanity. The apparent contradiction resolves, however, if one focuses on psychiatrists' social function. As La Fond and Durham explain:

> In the criminal justice system, psychiatrists are now viewed skeptically as accomplices of defense lawyers who get criminals "off the hook" of responsibility. In the commitment system, however, they are more confidently seen as therapeutic helpers who get patients "on the hook" of treatment and control. The result will be increased institutionalization of the mentally ill and greater use of psychiatrists and other mental health professionals as powerful agents of social control [94] (p. 156).

In both sanity determinations and civil commitment, psychiatrists sanction the legal system's handling of the deviant. Psychiatric expertise recategorizes crazy individuals as irrational and not fully human, allowing the legal system to confine

them for their own good and for the sake of public safety—the same reasons used to justify confinement of animals.

THE PROFESSIONAL RESPONSE TO MYTH: ROLE ACCEPTANCE, REFUTATION, PSYCHOTHERAPY, OR INTELLECTUAL INDEPENDENCE?

Homelessness, especially urban homelessness in persons who exhibit signs of mental illness, troubles Americans because it confronts them with conceptual violations of cultural categories that are fundamental to the way Americans comprehend their relationship to a complex, highly rationalized society. Americans prefer to think of themselves as individuals who vindicate their humanity through their struggle with society's corrupting influences. To maintain this self-perception, they must deny their own expectations about cultural conformity and their heavy dependence on social institutions in every aspect of their lives. Obviously disturbed homeless persons challenge this denial because they behave in ways that appear non-human to urban, late-20th-century Americans. The American public's view that psychiatric practices are responsible for homelessness reflects a cultural need to structure experience in ways that reinforce fundamental (but often unconscious and simplistic) social values. When homeless mentally ill persons display their "madness in the streets," American psychiatrists can expect to be blamed for "abandoning" them. The social role of psychiatrist-as-cultural-guardian is justified and reinforced by coupling such blame with biomedical interpretations of the problems of homeless persons or calls for involuntary confinement as the medico–legal solution to these problems (see, e.g. [22]).

The abandonment thesis thus accuses psychiatrists of not asserting a cultural role. Psychiatrists can respond to this accusation in four ways. The *first* response is acceptance of the abandonment thesis as a true account of facts and events. This has, in fact, been the response of most American psychiatrists (and the rest of the American public). It is demonstrated in the widely accepted view that deinstitutionalization caused homelessness, and in calls for changes in commitment laws and increased use of involuntary hospitalization to solve the problem [22, 95].

A *second* response is represented by the efforts of a relatively small number of academicians (e.g. [2, 33, 35, 41, 45, 77]) who have argued that the "deinstitutionalization caused homelessness" account, and, by implication, the abandonment thesis, are factually false. These writers suggest that other causes—principally socioeconomic changes affecting all segments of society—better explain the rise in homelessness over the last two decades, including homelessness among persons who also suffer from mental disorders. Although the third section of this article endorses this view of the facts, this article also argues that refuting the abandonment thesis as factual account, by itself, leaves its mythic status unrecognized.

The abandonment thesis is not the sole myth that animates Americans' thinking about issues at the intersection of psychiatry and the law. Several authors in recent decades have argued that insanity defense jurisprudence has consistently reflected "myths" (usually used in the "false belief" sense) about the success, frequency, and outcomes of insanity pleas [49]. Recently, however, Perlin [91] has offered a view of these myths that represents a *third* type of potential response to the abandonment thesis. On Perlin's account, insanity defense mythology—beliefs that the defense is frequently invoked, often successful, that it allows defendants to "beat the rap," or always degenerates into a courtroom "battle of the experts"—is the result of systematic cognitive errors ("heuristic thinking") supported by unconscious psychodynamic influences on perception and data evaluation. This explains why legislators and the American public allowed one vivid incident—the insanity acquittal of John Hinckley, President Reagan's would-be assassin—to convince them that the insanity defense needed to be revised and restricted, despite overwhelming mounds of information showing that the insanity plea is infrequently invoked and is rarely successful. Hinckley's acquittal, argues Perlin, conflicted with Americans' unconscious desires to seek revenge through punishment, and Western civilization's deep-seated, irrational fears of the mentally ill. Because Perlin's explanation locates (in traditional psychodynamic fashion) insanity defense myths in intrapsychic conflicts, he is naturally led to quasi-psychotherapeutic remedies for the effects of those myths: increased awareness of prejudices, education of judges and attorneys, and evaluation of the therapeutic or antitherapeutic effects of laws, court decisions, and legal procedures.

The *fourth* response, represented by this article, views the abandonment thesis as an attempt to resolve conflicts between extra-psychic, socially prescribed categories. If this view is correct, then individual mental processes such as unconscious desires or heuristically biased perceptions do not fully account for psychiatrists' or the public's acceptance of this myth. Instead, the abandonment thesis reflects a universal human tendency to conceptualize social problems through the use of a social group's pre-existing conception of the nature–culture opposition [62], just as the operation of Lévi-Strauss's "*pensée sauvage*" [59] reflects the impact of "simpler" cultures' extant technology and social patterns on mental activity. The abandonment thesis is a solution-by-analogy: just as psychiatry resolves the courtroom conundrum of dealing with nonrational humans who commit crimes by declaring them exceptional—insane, not subject to criminal

sanctions, but nonetheless subject to confinement—so can psychiatry resolve the social conundrum of homelessness by declaring the homeless exceptional—mentally ill, unfree, out of place, and needing confinement.

When psychiatrists accept the abandonment thesis—for example, by participating in outreach programs to bring mentally ill persons to hospitals [96]—they are playing their part in an ongoing morality play that allows Americans to view themselves as independent of, rather than critically dependent on, their large social and political institutions. When psychiatrists invoke the abandonment thesis to advocate for more (or easier) forced hospitalization for mentally ill persons (e.g. [22]), they are affirming their social function of defining and controlling non-criminal deviance.

Americans believe that success results from personal virtue and poverty reflects individual failure [97]. A culture that believes that individuals are naturally good, that society corrupts, and that national salvation depends on individuals' overcoming social constraints and repression cannot tolerate the presence of mentally ill homeless persons. Their "natural" behavior refutes the notion that individuals who are freed of illegitimate group pressures will necessarily choose wisely. When American psychiatrists classify such behavior as biologically induced deviance, they excuse it, justify the confinement of those who publicly display it, and declare the homeless mentally ill as exceptions who do not disprove central tenets of American liberalism. Psychiatrists can ask themselves how they feel about performing this service only if they realize that they are performing it, and that its apparent appropriateness derives not from a scientific determination of what mentally ill people need, but from the way that shared cultural values tell us to respond to public disturbances. Social institutions influence memories and channel perceptions of psychiatrists no less than other citizens. As Douglas reminds us, "the hope of intellectual independence is to resist, and the necessary first step in resistance is to discover how the institutional grip is laid upon our mind" [61] (p. 92).

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